



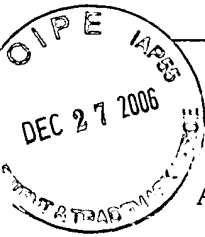
EW

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application No.	11/250,649
		Filing Date	October 14, 2005
		First Named Inventor	Zhi Wang
		Art Unit	2627
		Examiner Name	Jason C. Olson
Total Number of Pages in This Submission	14	Attorney Docket Number	K35A1639

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form  <input checked="" type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Reply  <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> PTO/SB/08  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/Incomplete Application  <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s)  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 80px; width: 100%;"></div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Eric T. King, Reg. No. 44,188  BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	December 22, 2006

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.			
Typed or printed name	Nicole Erquiaga		
Signature		Date	December 22, 2006

Please Direct All Correspondence to Customer Number **20995****AMENDMENT / RESPONSE TRANSMITTAL**

Applicant : McCarty et al.  
 App. No : 10/613,596  
 Filed : July 3, 2003  
 For : WIRED, WIRELESS, INFRARED,  
 AND POWERLINE AUDIO  
 ENTERTAINMENT SYSTEMS  
 Examiner : D. E. Rego  
 Art Unit : 2618

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

December 22, 2006

(Date)

James F. Herkenhoff, Reg... No. 51,241

**Mail Stop Amendment**  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing in the above-identified application are the following enclosures:

- (X) Amendment in 12 pages.
- (X) Information Disclosure Statement

The fee has been calculated as shown below:

The present application qualifies for Small Entity Status under 37 CFR 1.27.

FEE CALCULATION				
FEE TYPE		FEE CODE	CALCULATION	TOTAL
Excess Claims	60 - 132 = 0	2202 (\$25)	0 x 25 =	\$0
Excess Independent	2 - 4 = 0	2201 (\$100)	0 x 100 =	\$0
Multiple Claim	1.16(j)	2203 (\$180)		\$0
Information Disclosure Statement Fee	1.17(p)	1806 (\$180)		\$180
			<b>TOTAL FEE DUE</b>	<b>\$180</b>

Docket No.: KSCII.007CP1

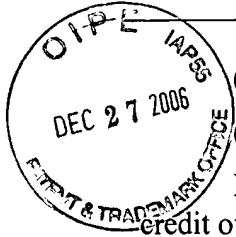
December 22, 2006

App. No.: 10/613,596

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Please Direct All Correspondence to Customer Number **20995**

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(X) A check in the amount of \$180 is enclosed.

(X) Return prepaid postcard.

Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.

A handwritten signature in dark ink, appearing to read 'James F. Herkenhoff', written over a horizontal line.

James F. Herkenhoff

Registration No. 51,241

Attorney of Record

Customer No. 20,995

(619) 235-8550

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